

CLAIMS ONLY				Application Number <div style="border: 1px solid black; padding: 2px; font-size: 1.2em; font-family: monospace;">10806970</div>		Filing Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
				Applicant(s) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	2						
Total Depend	2						
Total Claims	4						